

Please Print Clearly

Barrington Town Hall, 283 County Rd., Barrington RI 02806

Application for a Certified Copy of a Death Record

Please complete ALL items 1-5 below:

1. Fill in the information below for the person whose death record you are requesting:

Full name _____
Date of death _____ Place of death (city/town/hospital name) _____
Name of spouse (if married) _____
Mother's full maiden name _____
Father's full name _____

2. Complete one of the following:

I am applying for the death record of:

☐ my parent ☐ my spouse ☐ my child ☐ my grandparent

☐ other relative (specify): _____

☐ my client. I'm an attorney representing: _____

The name of the law firm is: _____

☐ my client. I'm an insurance company representative

The name of the insurance company is: _____

☐ another person (specify): _____

3. Why do you need this record? (We ask this question so that we can supply you with a certified copy that will be suitable for your needs.)

☐ probate ☐ social security ☐ vets benefits ☐ property title
☐ foreign government ☐ other use (specify) _____

4. Copies cost \$20.00. Any additional copies of this record purchased this same day cost 15.00 each.

How many do you want? _____

Please make check payable to: Town of Barrington

5. I hereby state that the information supplied in item #2 above is true and that I am not in violation of Section 23-3-28 of the General Laws of RI (printed on page 2 of this form).

Please sign _____
Signature of person completing this form

_____ date signed

Print your name _____

()
_____ phone#

Print your address _____
street or mailing address city/town state zip code

ATTACH A PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

*******BELOW THIS LINE FOR OFFICE USE ONLY*******

Type of picture ID: _____ ID number: _____ ID issued by: _____

*******BELOW THIS LINE FOR OFFICE USE ONLY*******

State/Local File # _____ Amt. rec'd _____ Rec't # _____ Date sent _____ Initials _____

Birth

Death

Marriage

Number of first copies

Number of additional copies

Number of searches

Additional years searched

FOR STATE USE ONLY: Delayed filing _____ Correction _____ P/L _____ A _____

Section 23-3-28 of the General Laws

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations:

Any person who willfully and knowingly makes any false statement in a report, record, certificate or application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of the such report, record, or certificate, or amendment thereof... shall be punished (if convicted) by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one (1) year or both.